

## NOTICE OF INDEPENDENT REVIEW DECISION

April 2, 2003

RE: MDR Tracking #: M2-03-0623-01-SS  
IRO Certificate #: IRO4326

The \_\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_\_ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The \_\_\_\_ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This patient sustained a work-related injury on \_\_\_\_ when he was bending to go under a production line at work and raised up feeling a sharp twinge in his low back. The patient was initially evaluated by a chiropractor and diagnosed with lumbar disc displacement, sciatica, and moderate lumbar spine sprain/strain. An MRI revealed the presence of degenerative disc changes at L4-5 and L5-S1 and a suggested superimposed protrusion at L4-5. A lumbar myelogram revealed underfilling of the L5 nerve root sleeves, most dramatically on the right side. The patient was evaluated by a neurosurgeon who has recommended that the patient undergo a right-sided L4-5 and L5-S1 hemilaminectomy, medial facetectomy, foraminotomy and discectomy.

### Requested Service(s)

Right-sided L4-5 and L5-S1 hemilaminectomy, medial facetectomy, foraminotomy and discectomy

### Decision

It is determined that the right-sided L4-5 and L5-S1 hemilaminectomy, medial facetectomy, foraminotomy and discectomy are medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

This patient manifests classic lumbar radiculopathy secondary to disc protrusion and neural foraminal narrowing following an on the job injury. There has been no response to standard non-operative treatment modalities over a nine-month period. Therefore, the right-sided L4-5 and L5-S1 hemilaminectomy, medial facetectomy, foraminotomy and discectomy is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

## **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

**If disputing other prospective medical necessity (preauthorization ) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 2 <sup>nd</sup> day of April 2003.
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